

## ARKANSAS INSURANCE DEPARTMENT

Jay Bradford Insurance Commissioner

## <u>DEPOSIT AGREEMENT</u> <u>FOR</u> <u>FARMERS' MUTUAL AID ASSOCIATION</u>

Pursuant to the provisions of A	rk. Code	Ann. Section 2	23-73-105 et seq., and a of	
State of Arkansas and enters int deposits through him/her the fo		greement with t	ify itself or continue to he Insurance Commission	transact business in the
<b>Description</b>	Rate	<b>Due Date</b>	Par Value	Cusip Number(s)
This deposit permits the Compa CERTIFICATE OF AUTHORI		ansact business	in accordance with the	lines as defined in the
It is agreed between the parties conditioned for payment of polipayment of all claims arising ar any outstanding liabilities in Armade.	icyholde nd accru	rs and creditors ing to any perso	s of the insurer in this S on in this State for so lo	state, and the prompt ong as the Company has
WITNESS our hands and seal to	his	day of		
		COMPANY N	AME	NAIC#
	Ву:	SIGNATURE .	AND TITLE	
		PRINTED SIG	NATURE AND TITLE	
	Attest:	SIGNATURE A	AND TITLE	
INSURANCE COMMISSIONER		_		
DATE		_		